

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

31

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 653 Event Name: Cupid's Undie Run - Detroit

Event Date: February 9, 2019

Street Closure: Various

Organization Name: Cupid's Charity

Street Address: 3457 Ringsby Ct. Suite 205 Denver, CO 80216

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

Cupid's Charity 7th Annual 1 Mile Fun Run to benefit Neurofibromatosis at the Filmore Detroit on Woodward Avenue (sidewalk only), Park Street and Clifford Avenue from 12:00pm - 4:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart EMS to Provide Private Medical Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted; No Permits Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with POCO to Provide Barricades & Signage for Street Closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: **Bethanie Fisher**

Date: **January 9, 2019**

Digitally signed by Bethanie Fisher
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
 Date: 2019.01.09 15:39:51 -05'00'

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, January 22, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT TRANSPORTATION DEPARTMENT
MUNICIPAL PARKING DEPARTMENT BUSINESS LICENSE CENTER

653 *Cupid's Charity, request to hold "Cupid's Undie Run - Detroit" on February 9, 2019 from 12:00 PM to 4:00 PM beginning at the Filmore with various temporary street closures.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Cupid's Undie Run - Detroit

Event Location: The Fillmore

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Cupid's Charity

Organization Mailing Address: 3457 Ringsby Ct Suite 205 Denver, CO 80216

Business Phone: 312-805-3515 Business Website: www.cupids.org

Applicant Name: Jamie Balhon

Business Phone: 312-805-3515 Cell Phone: 312-805-3515 Email: jamie@cupids.org

Event On-Site Contact Person:

Name: Amy Boulas

Business Phone: 303-507-7562 Cell Phone: 303-507-7562 Email: amy@cupids.org

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: <u>Charity Event</u> |

Projected Number of Attendees: 1000

Please provide a brief description of your event:

Cupid's Charity requests to hold "Cupid's Undie Run - Detroit" starting at 2115 Woodward Ave and around the downtown area (1 mile brief "fun-run" on February 9th 2019 from 12-4pm with temporary street closures. The event has been in the Detroit area since 2013 and funds critical research dollars for the genetic disease Neurofibromatosis (NF).

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 2/9 Time: 10am Complete Set-up Date: 2/9 Time: 12pm

Event Start Date: 2/9 Time: 12pm Event End Date: 2/9 Time: 4pm

Begin Tearing Down Date: 2/9 4pm Complete Tear Down Date: 2/9 5pm

Event Times (If more than one day, give times for each day):

Only 1 day – Saturday February 9th 2019

Section 3- LOCATION/SITE INFORMATION

Location of Event: The Fillmore and surrounding streets for a brief period of time

Facilities to be used (circle):   Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following: * NOTE – ONLY ATTACHING ROUTE MAP AND ENTRANCES, AS OTHER THAN OUR 1 MILE RUN, OUR EVENT IS HELD INDOORS AT THE FILLMORE EVENT VENUE

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: We will have an on-site DJ or radio station emcee

that will be indoors

Will a sound system be used? Yes No

If yes, what type of sound system? Venues internal sound system and potentially a radio van out front to play music for 30 minutes during the event start

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: Ticket sales start at \$25 and increase in price through a price jump calendar. We offer individuals opportunities to utilize promotions and events for discounted admission as well.

Will there be on-site ticket sales? Yes No

If yes, list price(s): \$50 for a walk up ticket

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? Yes No

If yes, please list how many:

Will there be a charge for parking? Yes No

If yes, please describe the amount:

How will you advise attendees of parking options? We will share ride share options/promotional codes and parking information via email to our participants and via our FB Event Group

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Will be using police officers for the route and potentially security guards as suggested by The Fillmore

Contact Person:

Address: TBD

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Temporary street closures

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event:

We will communicate our plan to those businesses and residents with the help of the Fillmore. We have not had issues with our event in the 6+ years past, which is a positive sign.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS Medical Services PLLC

Address: 32365 Shrewsbury

City/State/Zip: Farmington Hills, MI

Name of company providing port-a-johns.

Contact Person: N/A

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person: N/A

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Will there be street closures? Yes No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: See attached

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: See attached

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: See attached

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: See attached

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: See attached

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
 - 2) **EMERGENCY MEDICAL AGREEMENT**
 - 3) **SANITATION AGREEMENT**
 - 4) **PORT-A-JOHN AGREEMENT**
 - 5) **COMMUNITY COMMUNICATION**
-

- 1.) COI has been requested and is in process – attached is the COI for 2017-2018 for reference
 - 2.) Sanitation agreement is N/A
 - 3.) Emergency medical agreement is N/A but we will work to have an EMS on site in case of minor injuries
 - 4.) Community Communication will be carried out at the following businesses via email on 1/7: Hot Taco, Town Pump Tavern, Centaur Cocktails and Small Plates, Cliff Bells, Colony Club, and Park Avenue Horse. All businesses agreed for the event in 2017/2018 (see attached).
 - 5.) Port-a-john agreement is N/A
-
-
-

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Jamie Balhon

1.3.2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Cupid's Undie Run Event

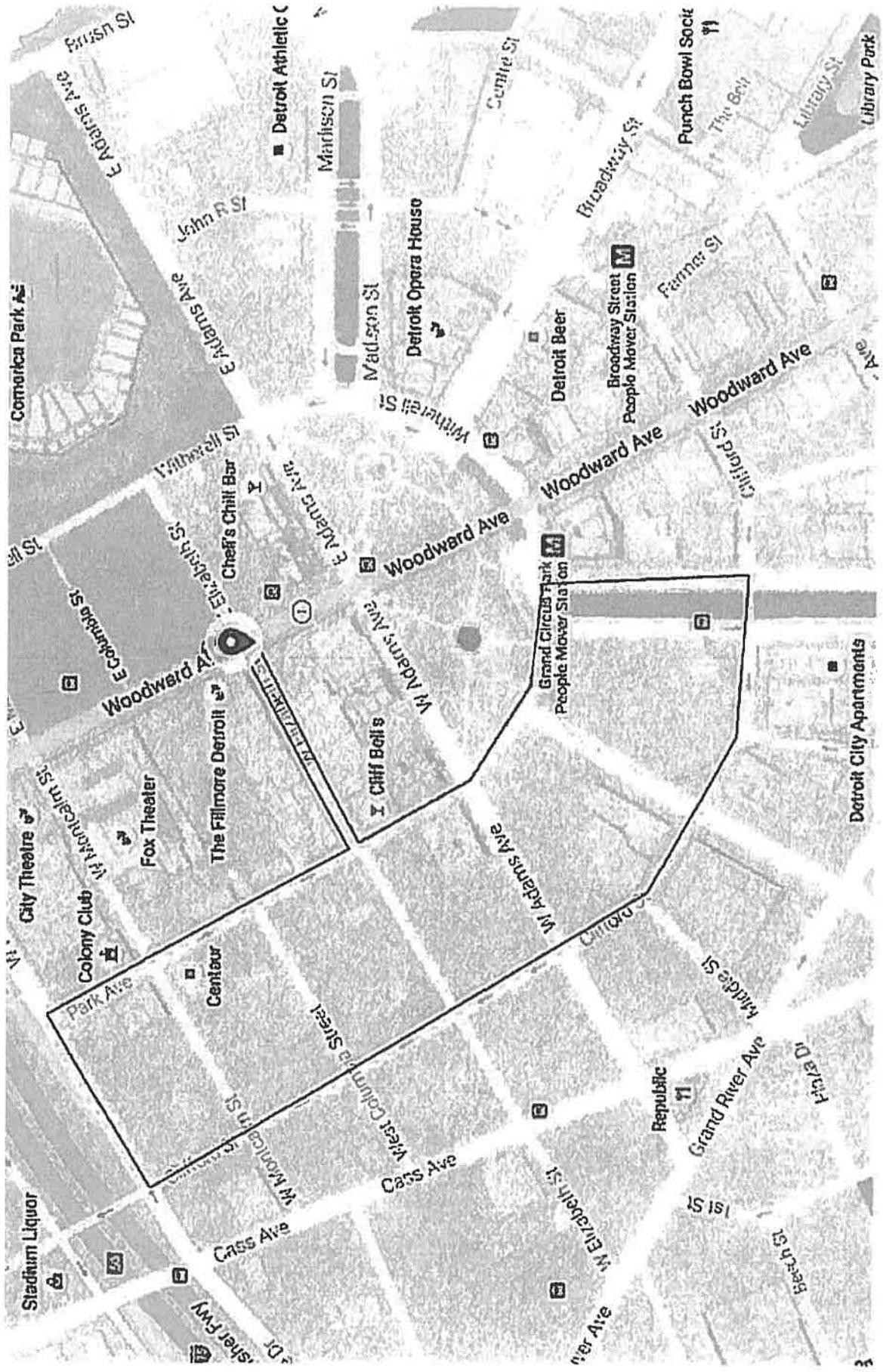
Date: 2.09.2019

Event Organizer:

Cupid's Charity

Applicant Signature: *Jamie Balhon*

Date: 1.3.2019



Closures:

- West Elizabeth Street between Woodward Avenue and Park Avenue
- Park Avenue between West Fisher Service Drive and Washington Boulevard
- West Fisher Service Drive between Park Avenue and Clifford Street
- Clifford Street between West Fisher Service Drive and Washington Boulevard

NEIGHBORHOOD NOTIFICATION FORM

If your Special Event does not require street closures, parking located in front of a business or residential community, signatures are not required. The Special Events Office requires notification letters to be distributed in the event location. All information must be legible and the business and/or residents name must be included.

Complete the chart below with your letter distribution details.

Name	Address	Phone Number	Signature	Date
Hot Taco	2233 Park Ave. Detroit, MI 48201	313-963-4545	<i>Janet Mallory</i>	1-25-18
The Town Pump Tavern	100 W. Montcalm Detroit, MI 48201	313-961-1929	<i>JAMES W. MILLAR</i>	1/25/18
Centaur Cocktails & Small Plates	2233 Park Ave Detroit, MI 48201	313-963-4040	<i>[Signature]</i>	1-25-18
Cliff Bells	2030 Park Ave. Detroit, MI 48201	313-961-2543	<i>[Signature]</i>	1/25/18
Park Bar	2040 Park Ave Detroit, MI 48226 <i>kharris@gemtheatre.com</i>	313-926-2933	<i>[Signature]</i>	
Colony Club	2310 Park Ave. Detroit, MI 48201	313-463-4215	Notified via e-mail 1/25/18	
Park Avenue House	2305 Park Ave Detroit, MI 48201	313-961-8310	<i>[Signature]</i>	01/25/18

The list above will be checked randomly for credibility. Any false information will be addressed and the Special Events permit may be revoked. The completed form must be returned to the Special Events Office 30 days before the Special Event. By signing, I verify that the information above is true and confirmed.

Authorized Signature: *[Signature]* Date: 1/31/18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/9/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Select Commercial Lines - (602) 666-4800 USI Insurance Services LLC 2421 West Peoria Ave, Suite 110 Phoenix, AZ 85029	CONTACT NAME: Kristin Humphreys PHONE (A/C, No, Ext): 602.666.4784 FAX (A/C, No): 866-359-4390 E-MAIL ADDRESS: kristin.humphreys@usi.com														
INSURED Cupid Charities 3457 Ringsby Ct Unit 205 Denver CO 80216	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: United States Fire Insurance Company</td> <td style="text-align: center;">21113</td> </tr> <tr> <td>INSURER B: United States Liability Ins Co.</td> <td style="text-align: center;">25895</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United States Fire Insurance Company	21113	INSURER B: United States Liability Ins Co.	25895	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: United States Fire Insurance Company	21113														
INSURER B: United States Liability Ins Co.	25895														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 13820416 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		USP284077	02/01/2019	03/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			NBP1552839D	10/13/2018	10/13/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">PER STATUTE</th> <th style="width: 50%;">OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </tbody> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
PER STATUTE	OTH-ER														
E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														
A	Participant Accident			US1025022	02/01/2019	03/01/2019	\$10,000 maximum benefit								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Uncle Run Event Being Held on February 9, 2019; Live Nation Entertainment, Inc; The City of Detroit; Quicken Loans-Main Office-Compuware; and the Filmore Detroit are additionally insured by endorsement as per written agreement as pertains to general liability

CERTIFICATE HOLDER Live Nation Entertainment, Inc. 9348 Civic Center Dr. Beverly Hills, CA 90210	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

(This certificate replaces certificate# 13820414 issued on 1/9/2019)

32

**OFFICE OF CONTRACTING
AND PROCUREMENT**

January 29, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3030238 100% City Funding – To Provide Software for Fire Billing and Inspections. – Contractor: Tyler Technologies, Inc. – Location: 4100 Miller-Valentine Ct., Moraine, OH 45439 – Contract Period: Upon City Council Approval through March, 31, 2019 – Total Contract Amount: \$35,000.00. **FIRE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER _____ **BENSON** _____

RESOLVED, that Contract No. 3030238 referred to in the foregoing communication dated January 29, 2019 be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

33

January 29, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3030667 100% City Funding – To Provide Imminent Danger for Commercial Demolition at 4663 Mt. Elliot. – Contractor: Homrich– Location: 65 Cadillac Square, Ste. 2701, Detroit, MI 48226 – Contract Period: Upon City Council Approval through June 13, 2019 – Total Contract Amount: \$93,400.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3030667 referred to in the foregoing communication dated January 29, 2019 be hereby and is approved.

34

OFFICE OF CONTRACTING
AND PROCUREMENT

January 29, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001341 100% Street Funding – AMEND 1– To Provide the Manufacture and Delivery of Bituminous Aggregate Paving Mixture. – Contractor: Cadillac Asphalt Co. – Location: 2575 S. Haggerty Rd., Ste. 100, Canton, MI 48188 – Contract Period: Upon City Council Approval through April 17, 2019 – Contract Increase: \$83,001.60 – Total Contract Amount: \$9,262,001.60. **DEPARTMENT OF PUBLIC WORKS**

This Amendment is to add Additional Funds for Outstanding Invoices.

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6001341 referred to in the foregoing communication dated January 29, 2019 be hereby and is approved.

35

OFFICE OF CONTRACTING
AND PROCUREMENT

January 29, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001814 100% Street Funding – To Provide U-Channel Steel Sign Posts and Anchors. – Contractor: MDSolutions Inc. – Location: 8225 Estates Parkway, Plain City, OH 43064 – Contract Period: Upon City Council Approval through May 14, 2020 – Total Contract Amount: \$75,564.00. **DEPARTMENT OF PUBLIC WORKS**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6001814 referred to in the foregoing communication dated January 29, 2019 be hereby and is approved.



Date: January 17, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL
ADDRESS: 5421 Kopernick
NAME: Richard Ratkus
Demolition Ordered: September 17, 2018

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 16, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Richard Ratkus, 1401 W. Fort ST, #32293, Detroit, MI 48232



Date: January 16, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL
ADDRESS: 2103 Lawndale
NAME: Carolina Mendez
Demolition Ordered: January 22, 2018

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 14, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. **A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.**
2. **BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.**
3. **The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:**
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
5. **The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.**
6. **Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Carolina Mendez, 17960 Robert ST, Melvindale, MI 48122



CITY OF DETROIT
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVE., FOURTH FLOOR
DETROIT, MICHIGAN 48226
(313) 224-0484 • TTY:711
WWW.DETROITMI.GOV

Date: January 16, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: 14729 St. Marys
NAME: Terrance Ward
Demolition Ordered: April 14, 2014

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 15, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Terrance Ward, 14729 St. Mary's, Detroit, MI 48227
Terrance Ward, 15335 Ferguson, Detroit, MI 482237



Date: January 16, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL
ADDRESS: 18489 Westmoreland
NAME: Sylvester Brown & Shontell Tillman
Demolition Ordered: January 22, 2018

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 14, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. **A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.**
2. **BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.**
3. **The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:**
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
5. **The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.**
6. **Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Sylvester Brown, 15873 Rossini, Detroit, MI 48205
Shontell Tillman, 6201 Minock, Detroit, MI 48228



42

Date: January 17, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL
ADDRESS: 14828 Sussex
NAME: Pilow 1 LLC
Demolition Ordered: November 19, 2018

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 15, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. **A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.**
2. **BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.**
3. **The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:**
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
5. **The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.**
6. **Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Pilow 1 LLC, 2222 W. Grand River ST, Okemos, MI 48864
Qeshua Investments LLC, 8551 W. Sunrise Blvd., STE 100, Plantation, FL 33322



43

Date: January 17, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL
ADDRESS: 15111 Tracey
NAME: Angela Marshall
Demolition Ordered: June 21, 2011

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 15, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. **A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.**
2. **BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.**
3. **The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:**
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
5. **The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.**
6. **Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Angela Marshall, 1115 McNeil LN, Silver Spring, MD 20905



44

Date: January 17, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: 12272 Hartwell
NAME: Shawn Miller
Demolition Ordered: March 1, 2011

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 15, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Shawn Miller, 12033 Cheyenne ST, Detroit, MI 48227



Date: January 17, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**

ADDRESS: 13415 Buffalo

NAME: Amer Balwi

Demolition Ordered: March 7, 2011

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 16, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. **A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.**
2. **BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.**
3. **The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:**
 - **Certificate of Acceptance related to building permits**
 - **Certificate of Approval as a result of a Housing Inspection**
 - **Certificate of Compliance, required for all rental properties**
4. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
5. **The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.**
6. **Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Amir Balwi, 1 Van Cortland PK AVE, Yonkers, NY 10701
Amir Balwi, 13415 Buffalo, Detroit, MI 48212



Date: January 16, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL
ADDRESS: 14320 St. Marys
NAME: Detroit Land Bank Authority
Demolition Ordered: October 22, 2013

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 15, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. **A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.**
2. **BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.**
3. **The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:**
 - **Certificate of Acceptance related to building permits**
 - **Certificate of Approval as a result of a Housing Inspection**
 - **Certificate of Compliance, required for all rental properties**
4. **The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
5. **The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.**
6. **Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Detroit Land Bank Authority, 500 Griswold - #1200, Detroit, MI 48226
Reginald B. Scott II



47

Date: January 17, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL
ADDRESS: 13815 Conant
NAME: Mohammad S. Hoque, Syed M. Rahman
Demolition Ordered: October 22, 2013

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on January 16, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 2nd deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Mohammad S. Hoque, 2112 Pearl AVE, Warren, MI 48091
Syed M. Rahman, 3777 Bart AVE, Warren, MI 48091



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

November 2, 2018

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to accept a donation from the Planet Fitness Michigan Group for renovations and work-out equipment for the Detroit Police Training Academy

The Planet Fitness Michigan Group has awarded the Detroit Public Safety Foundation with a donation valued at \$55,000.00. This funding will be used to design and install facility renovations and work-out equipment for an exercise room at the Detroit Police Training Academy.

The donation will enable the Detroit Public Safety Foundation to:

- Support the health, strength, and well-being of Detroit police officers
- Renovate and provide new work-out equipment for the Detroit Police Training Academy

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

RESOLUTION

Council Member _____

WHEREAS, the Detroit Public Safety Foundation is requesting authorization to accept a donation from the Planet Fitness Michigan Group, valued at \$55,000.00, to design and install facility renovations and work-out equipment for an exercise room at the Detroit Police Training Academy; now

THEREFORE, BE IT RESOLVED that the Detroit Public Safety Foundation is authorized to accept a donation, from the Planet Fitness Michigan Group, on behalf of the City of Detroit.



133 W Main St, Ste 266 | Northville, MI 48167

Dear Ms. Kukula:

PF Michigan Group LLC (Planet Fitness) is pleased to donate the design, improvements and work out equipment for an exercise room at the Detroit Police Training Academy.

We anticipate the total project will require approximately \$55,000 of donated labor, materials and equipment. We are pleased to work with you and Officer Tanda Rawls-Owens to provide the men and women of the Detroit Police Department an area they can utilize to improve and maintain their physical health. Police work is a serious job, and rigorous training is important for optimum performance in the workplace. Officers need to be in excellent physical shape as they often work in strenuous situations. Officers also need to rely on their strength, stamina and quick reflexes and we are happy to help with the tools to assist in accomplishing these physical responses.

We anticipate this project being completed in April or May of 2019. Again, thank you for your assistance with this project. Through partnerships like the one shared with you on this project, we are fueling investments to promote a safer and healthier community.

Sincerely yours,

Art Nichols
Director of Facilities and Construction

PF Michigan Group, LLC | Home of the Judgement Free Zone®
133 W Main St , Suite 266 Northville, MI 48167
Cell: 586 489 7570
www.planetfitness.com





CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

49

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

January 14, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

**RE: Request to Accept and Appropriate the FY 2019 Comprehensive Agreement,
Opioid Academic Detailing Program**

The Michigan Department of Health and Human Services (MDHHS) has awarded the City of Detroit Health Department with a new project under the FY 2019 Comprehensive Agreement, Opioid Academic Detailing Program for a total of \$40,000.00. There is no match requirement. The total project cost is \$40,000.00. The grant period is October 1, 2018 through September 30, 2019.

The objective of the grant is to support the Health Department's Opioid Academic Detailing initiative. The funding allotted to the department will be utilized to provide academic detailing training for the responsible prescribing of opioids, to build knowledge around the needs of prescribers and providers, and to encourage effective communication regarding overall grant monitoring. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20627.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of the Budget.

CITY CLERK 2019 JAN 22 PM 2:15:50



Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from the Michigan Department of Health and Human Services (MDHHS), in the amount of \$40,000.00, to support the Health Department's Opioid Academic Detailing initiative; and

WHEREAS, this request has been approved by the Office of the Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20627 in the amount of \$40,000.00, for a new project under the FY 2019 Comprehensive Agreement, Opioid Academic Detailing Program.

Comprehensive Agreement - Amendment #2 Released

Subject: Comprehensive Agreement - Amendment #2 Released

The following lists the FY 2019 amendments for your organization for funding administered by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Agreement. All projects must be budgeted and expended consistent with the requirements contained in your Comprehensive Agreement.

Amendment List

i-a. Allocation Changes – Existing Projects

Project Title	Current Amount	Amended Amount	New Project
Childhood Lead Poisoning Prevention	273,750.00	0.00	273,750.00
Local Tobacco Reduction	20,000.00	5,000.00	25,000.00
Public Health Emergency Preparedness (PHEP) 10/1/17 - 6/30/18	160,785.00	0.00	160,785.00
Public Health Emergency Preparedness (PHEP) CRI 10/1/17 - 6/30/18	176,916.00	0.00	176,916.00
West Nile Virus Community Surveillance	8,000.00	2,000.00	10,000.00
TOTAL :	639,451.00	7,000.00	646,451.00

i-b. New Allocation – New Projects

Project Title	Current Amount	Amended Amount	New Project
Emerging Threats - Hepatitis C	0.00		
Opioid Academic Detailing	0.00	40,000.00	40,000.00
TOTAL :	0.00		

ii. Budget Category changes

Project Title
CSHCS Medicaid Elevated Blood Lead Case Mgmt
Enabling Services Children - MCH
Enabling Services Women - MCH
Food ELPHS
General Communicable Disease ELPHS
Hearing ELPHS
HIV & STD Testing and Prevention

Immunization Action Plan (IAP)
Immunization ELPHS
Public Hlth Functions & Infratruct - MCH
Sexually Transmitted Disease (STD-ELPHS)
Vision ELPHS

Next Steps

The next steps in the MI E-Grants system for amending your applications and budgets and submitting your Comprehensive Agreement Amendment for MDHHS approval are as follows:

1. The project manager will assign the agency users to any new Local Health Department - 2019 projects.
2. For your convenience you can access the "Comprehensive Agreement Training for Grantee" material on the home page by clicking "About EGRAMS" and downloading the PDF. Access the system using the URL: <http://egrams-mi.com/dch/>.
3. Login into MI E-Grants system.
4. Enter the application using the drop down menu's "Grantee>Grant Application>Enter Grant Application" and click on "Go".
5. Select the CO-2019/Local Health Department - 2019 program and click the "Go" button.
6. Select the hyperlink titled "Local Health Department - 2019".
7. Select hyperlink to various projects and amend the application sections. See page 59 for detailed instructions.
8. When the amended application has been entered, validated, and is error free it is ready for submission by the authorized official.

Additional Documents

To view your original and amended agreement use the drop-down menu's "Grantee> Project Director> Application Status" and click the 'Go' button. Select the Grant Program and click on the 'Find' button. Select the agreement from the dropdown menu located at the bottom of the screen. "Draft" is the pending amendment. Click on the 'View Contract' to access the selected agreement.

Technical Assistance

Technical assistance to complete the requested Grant Amendment is available through the Grants Section Help Desk at MDHHS-EGRAMS-HELP@michigan.gov or 517-335-3359. For Programmatic questions, please contact your MDHHS Program Coordinator. You may also refer to your training materials and the yellow book and help icons within MI E-Grants for assistance.

Please complete the requested updates and have your Authorized Official submit the amended Grant Agreement through MI E-Grants within two weeks.

Please feel free to contact me with any questions or concerns.

Thank you,
Carissa

Carissa Reece
Departmental Analyst, Grants Section
Department of Health & Human Services
517.373.1207 | ReeceC@michigan.gov

CONFIDENTIALITY NOTICE:

The information contained in this message may be privileged and confidential, and is intended only for use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, and may be subject to civil and/or criminal penalties. If you received this communication in error, please notify us immediately, delete it from your computer and destroy any copies of the original message. Thank you.



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

December 14, 2018

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Revision to the Request to Accept and Appropriate the FY 2018 Health Education and Community Benefit Grant

The Detroit Medical Center (DMC) has awarded the City of Detroit Health Department with the FY 2018 Health Education and Community Benefit Grant for a total of \$55,450.00. Previously submitted to City Council and approved on November 11, 2018 with no match requirement. This cover letter and resolution serves as a revision and includes the required match in the amount of \$16,000.00: \$10,000.00 cash and an additional \$6,000.00 in-kind. The total project cost is \$101,450.00, with \$30,000.00 not coming directly to the City of Detroit. The grant period is August 22, 2018 through August 21, 2019.

The objective of the grant is to build a public health practice and professional development workshop for Health Department front-line staff and program managers. The funding allotted to the department will be utilized to pay for professional consulting, evaluation, travel, program related supplies, fees and costs.

If approval is granted to accept and appropriate this funding, the appropriation number is 20564, with a cash match of \$10,000.00 coming from appropriation number 00870 and an in-kind match of \$6,000.00 coming from appropriation number 00068.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of the Budget.

CITY CLERK 2018 JAN 22 10:01:54

RESOLUTION

Council Member _____

WHEREAS, the Health Department is requesting authorization to accept a grant of reimbursement from the Detroit Medical Center Foundation (DMC) in the amount of \$55,450.00 to build a public health practice and professional development workshop for the Health Department front-line staff and program managers; and

WHEREAS, this request has been approved by the Office of the Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20564, in the amount of \$71,450.00, which includes a cash match of \$10,000 coming from appropriation 00870, and an additional in-kind match of \$6,000 coming from appropriation 00068 for the FY 2018 Health Education and Community Benefit Grant.

DMC Foundation

333 West Fort Street, Suite 2010
Detroit, MI 48226
313.961.6675

August 24, 2018

The Honorable Mike Duggan
Mayor
City of Detroit
Executive Office
1126 CAY Municipal Bldg.
Detroit, MI 48226

Re: #2018-2464

Dear Mayor Duggan:

We are pleased to announce that on August 22, 2018, the directors of the DMC Foundation have adopted the following resolution:

RESOLVED, that a grant of \$55,450 to the City of Detroit for support for a new public health practice and policy engagement fellowship at the Detroit Health Department be approved.

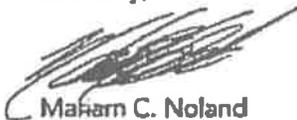
Enclosed find two copies of the Terms of Grant Agreement related to this grant. Please make special note of all of the provisions and procedures indicated. Please sign and return the original copy of the Terms of Grant Agreement to the Community Foundation for Southeast Michigan as soon as possible indicating your acceptance of the grant award and its terms. Also, please find enclosed information regarding the final report requirements of this grant, as well as guidelines for publicizing your award.

After a signed copy of the Terms of Grant Agreement has been received, it is anticipated that payment will be made as follows:

September 2018	\$55,450
----------------	----------

We wish you every success and look forward to receiving reports on your progress.

Sincerely,



Maham C. Noland
President

Enclosures

cc: David Yeh, Director of Special Projects

DMC Foundation

TERMS OF GRANT AGREEMENT

PLEASE READ CAREFULLY!

I. Acceptance of Grant

The grant to your organization from the DMC Foundation is for the explicit purposes described in the Grant Resolution and is subject to your acceptance of the terms described therein.

To accept the grant and receive the funds, return a signed copy of this "Terms of Grant Agreement" to the DMC Foundation. Keep the other copy for your files. Please refer to the grant number and title in all communication concerning the grant.

Grantee:

City of Detroit

Date Authorized:

August 22, 2018

Grant Number:

#2018-2464

Amount Granted:

\$55,450

Grant Resolution:

RESOLVED, that a grant of \$55,450 to the City of Detroit for support for a new public health practice and policy engagement fellowship at the Detroit Health Department be approved.

Grant Condition:

It is understood that the grantee will be utilizing the Center for Healthcare Research and Transformation as a key subcontractor on this project.

Grant Period:

Begins – August 22, 2018

Terminates – August 21, 2019

II. Review of Grant Activity

The grantee will furnish the DMC Foundation with written reports according to the following schedule:

Final Report Due – September 30, 2019

III. Special Provisions

In accepting this grant, the grantee agrees to the following conditions:

1. To use the funds granted solely for the purpose stated.
2. To repay any portion of the amounts granted which is not used for the purpose of the grant.
3. To return any unexpended funds if the grantee loses its exemption from Federal income taxation as provided under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or (b) as a governmental entity or political subdivision within Section 170 (c) of the Code.
4. To maintain books and records adequate to verify actions related to this grant should this prove necessary.
5. Pre-approval is needed for any modifications in the approved project budget.

IV. Publicity

The DMC Foundation encourages you to make appropriate public announcements of the receipt of this grant. We would appreciate receiving a copy of any such announcement, as well as copies of any and all newspaper and other articles related to this grant.

For the Grantee:



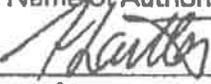
Signature of Authorized Representative

9/17/18
Date

JONEIGH S. KHALDUN

Printed Name of Authorized Representative

9/17/18
Date



Signature of Project Director (if different)

9/17/18
Date

TIM LAWLOR

Printed Name of Project Director

9/17/18
Date



POVERTY SOLUTIONS
UNIVERSITY OF MICHIGAN

September 28, 2018

Marianne Udow-Phillips, MHSA
Executive Director
Center for Healthcare Research and Transformation, University of Michigan

Dear Ms. Udow-Phillips,

Congratulations! On behalf of Poverty Solutions at the University of Michigan it is my pleasure to inform you that your project titled, "Public Health Practice and Policy Engagement Fellowship", has been selected to receive funding through a Project Development award.

An award of \$30,000 has been approved for the funding period *July 1, 2018 through September 30, 2019*.

As part of your award you will be required to submit a midway progress report by *February 28, 2019* and a final report by *October 31, 2019*. Guidelines for the reports will be provided prior to the deadline for each.

A member of our team will work with your department to make the required arrangements for the transfer of funds. Your award is limited specifically to the expenses itemized in your application and cannot be utilized for expenditures not previously identified in the proposed budget unless a re-budgeting request is made and approved. You will have 90 days after your project end date to reconcile account activity incurred during the grant term; at which time, Poverty Solutions will work with your department's grant administrator to facilitate closure and the return of any unspent funds.

A member of our communications team may be in contact with you to gather information about your project regarding opportunities to promote your project.

Please contact Damien Siwik, Administrative Coordinator, at any time if you have questions about your award (dsiwik@umich.edu, 734-615-5997).

On behalf of Poverty Solutions at the University of Michigan,

H. Luke Shaefer, Director
Associate Professor of Social Work and Public Policy
U-M School of Social Work and Gerald R. Ford School of Public Policy

BUDGET WORKSHEET

Organization Name: **Detroit Health Department**

Project Name: **Public Health Practice and Policy Engagement Fellowship**

Program Begin Date: **8/22/2018**

Program End Date: **8/21/2019**

Revenue Table:

Please include the itemized amount of secured and/or anticipated funding for your specific program.

Source	Secured	Anticipated	Total Revenue	Narrative (if needed)
Grants/contracts/contributions				
Government (itemize)				
City of Detroit CFO Office	\$ -	\$ 10,000.00	\$ 10,000.00	
Detroit Health Department (tr)	\$ 6,000.00	\$ -	\$ 6,000.00	
Foundations (itemize)				
Foundation A	\$ -	\$ -	\$ -	
Foundation B	\$ -	\$ -	\$ -	
Corporations (itemize)				
Corporation A	\$ -	\$ -	\$ -	
Corporation B	\$ -	\$ -	\$ -	
Individuals (itemize)				
Individual A	\$ -	\$ -	\$ -	
Individual B	\$ -	\$ -	\$ -	
In kind/Other (specify)				
UM Poverty Solutions	\$ 30,000.00	\$ -	\$ 30,000.00	
	\$ -	\$ -	\$ -	
Earned Income				
Events	\$ -	\$ -	\$ -	
Publications and products	\$ -	\$ -	\$ -	
Membership Income	\$ -	\$ -	\$ -	
Other (specify in the rows below)				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
Total	\$ 36,000.00	\$ 10,000.00	\$ 46,000.00	

BUDGET WORKSHEET

Expense Table:

Please be specific when defining each category. For example, for "Salaries and Benefits," include the number of staff members or percentage of staff time that will be allocated to this program. Also, if specific program supplies or equipment items are large cost items, please list each item separately, and/or provide additional detail in the "Narrative" column. If you have additional expense categories to add, please add them to the "Other" section below. Should you need more rows, please insert them but keep in mind you will need to add a sum function in the total cost column for these items.

Line Item	Requested from CFSEM	Funded by Other Sources	Total Cost	Narrative (if needed)
Salaries and Benefits	\$ -	\$ 6,000.00	\$ 6,000.00	In kind contribution from DHD staff for fellowship design, content development, logistics
Consultant and professional fees	\$ 41,498.00	\$ 40,000.00	\$ 81,498.00	University of Michigan Poverty Solutions has committed \$30,000 to support pilot costs. The Detroit Health Department expects to secure \$10,000 from the City of Detroit CFO's office or contribute \$10,000 from its department budget
Insurance	\$ -	\$ -	\$ -	
Travel	\$ 1,252.00	\$ -	\$ 1,252.00	
Equipment	\$ -	\$ -	\$ -	
Program supplies	\$ 4,700.00	\$ -	\$ 4,700.00	
Printing and copying	\$ -	\$ -	\$ -	
Telephone and fax	\$ -	\$ -	\$ -	
Postage and delivery	\$ -	\$ -	\$ -	
Evaluation	\$ 8,000.00	\$ -	\$ 8,000.00	
Other (specify in the rows below)				
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
Total	\$ 55,450.00	\$ 46,000.00	\$ 101,450.00	



CITY OF DETROIT
PUBLIC LIGHTING DEPARTMENT

51

1340 THIRD STREET
DETROIT, MICHIGAN 48226
PHONE 313•267•5130
FAX 313•267•8152
WWW.DETROITMI.GOV

January 17, 2019

The Honorable City Council
1340 Coleman A. Young Municipal Center
Detroit, MI 48226

RE: Grand Valley State University
Petition #579

Dear Council Members,

It has come to our attention Petition #579 from Grand Valley State University received November 8, 2018 was omitted by the Public Lighting Department (PLD). Grand Valley State University has requested permission to hang approximately six banners along Madison and John R streets.

The Public Lighting Department has inspected requested poles and find them to be structurally sound, and is recommending approval for Grand Valley Status University to hang their banners on approved pole locations from January 8, 2019 to July 8, 2019.

Note: There are no brackets on several poles. The Public Lighting Authority (PLA) is working with its vendor to facilitate reattachment of banner brackets where needed.

Respectfully Submitted,

John Prymack, Director
Public Lighting Department

Enclosure: Petition

Cc: Council Members
File
PLA

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, November 08, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

PLANNING AND DEVELOPMENT DEPARTMENT DPW - CITY ENGINEERING DIVISION
LEGISLATIVE POLICY DIVISION PUBLIC LIGHTING DEPARTMENT

579 *Grand Valley State University, request to hang approximately six banners along Madison and John R.*



NO BRACKETS
PRESENTLY ON
THESE FIVE POLES

WINDOW

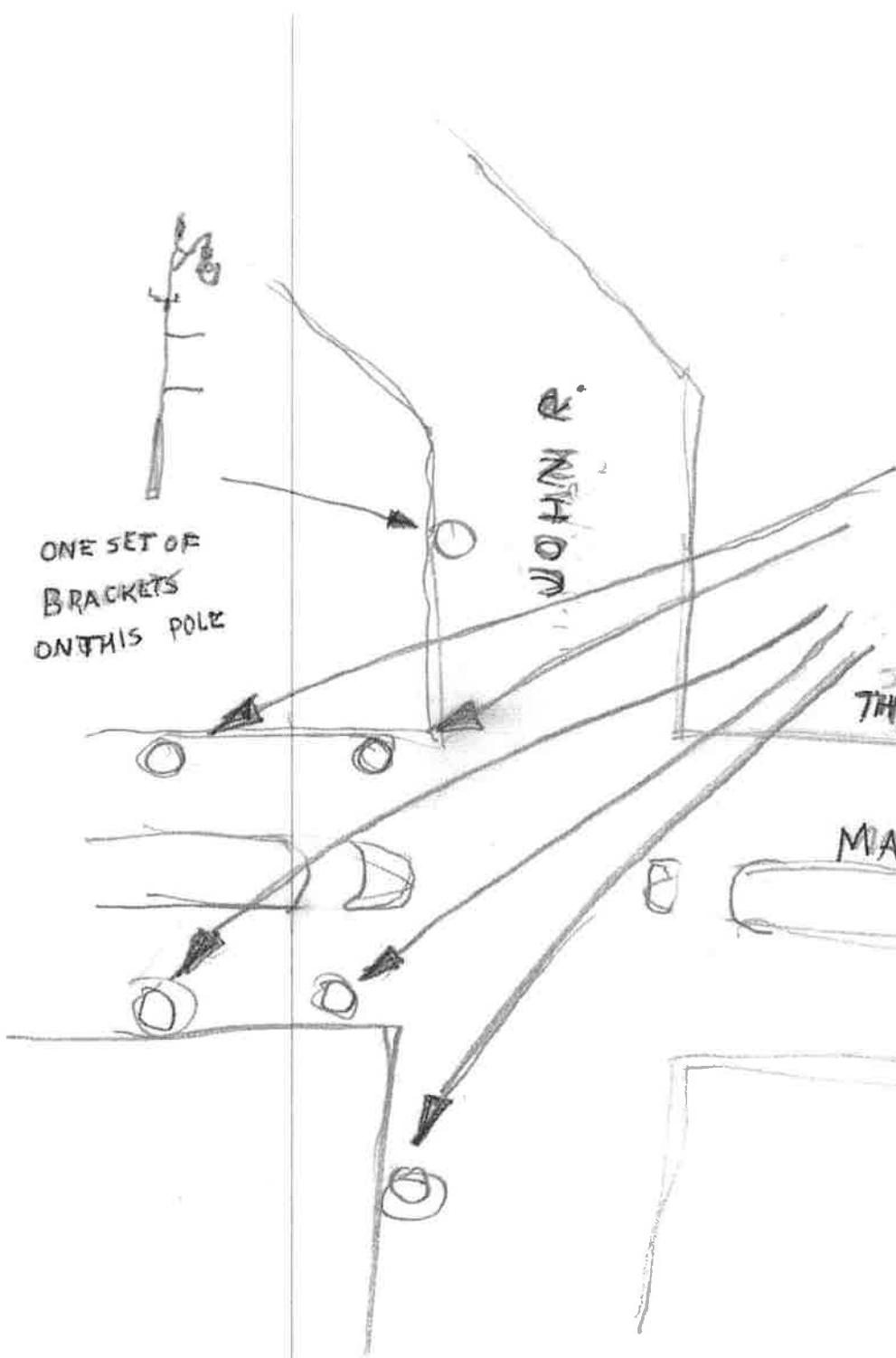
ONE SET OF
BRACKETS
ON THIS POLE

MADISON

579

Andrew Craft

1-17-19



City Of Detroit Banner Permit Application

For Banners In the Public Right-Of-Way

This application is for the proposed banner(s) for a specified period of time only. The City of Detroit will be strictly adhering to the Banner Permit Guidelines; please print them out for reference. This form must be completed and returned at least **60 days** prior to the date of installation. If submitted later than 60 days prior, application is subject to denial. If the requested Banner location is on a Michigan State Truck Line or Wayne County Road the application must be submitted at least **180 days** prior to the date of installation. After expiration of the permit (if granted), or should the banner change in any way, another application will be required.

SECTION 1 - APPLICANT INFORMATION

Contact Name: Bryan Bickford
Name of Organization: Grand Valley State University
Mailing Address: 1 Campus Drive, JH# 2090; Allendale, MI 49401
Phone Number: (616) 331-8629 E-Mail Address: bickforb@gvsu.edu

Type of Banner(s) check all that apply:

- City of Detroit Non-Profit Other
 Community Business District
 Special Event Holiday

If registered as a non-profit, please indicate your non-profit status identification number and attach a copy of the certificate.

Non-profit identification number: 381684280

If applying for a business district banner(s) please identify the business district.

Business District: _____

Type of Request:

- Initial Permit Permit Renewal

If this request is for permit renewal, please provide the following:

Permit Identification Number: _____

Permit Expiration Date: _____

SECTION 2 - COMMERCIAL BANNER COMPANY

Contact Name: Michael Gilpin
Name of Organization: Fast Signs
Mailing Address: 3582 29th St. SE, Ste. 101; Grand Rapids, MI 49512
Phone Number: (616) 949-7446 E-Mail Address: ~~mike~~ michael.gilpin@fastsigns.com

SECTION 3 - BANNER INFORMATION

Purpose of Banner(s):

Marketing of Grand Valley State University

Time Period to display Banner(s): Install Date: 1/8/19 Removal Date: 7/8/19
Number of Banner(s) to display: 6

Streets on which Banner(s) are to be displayed:

- ① Madison
- ② John R

Are any of the poles located on a Michigan State Trunk Line or Wayne County Road?
Refer to listing of Trunk Lines and Wayne County Roads. YES NO

Describe wording on the Banner(s) and any graphics:

Two-banner display: LAKER EFFECT across the top. Picture of student or alumnae on one banner, with name, majors/degree, current job (alumnae) or hometown (student). On other banner: Grand Valley logo and URL for gvsu.edu/detroit

MARSH USA INC. EVIDENCE OF COVERAGE CONTRACTS EVIDENCE NUMBER

THIS EVIDENCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE CONTRACTS BELOW. THIS DOES NOT CONSTITUTE A CONTRACT BETWEEN THE FACILITY, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE HOLDER. IMPORTANT: IF THE HOLDER IS AN ADDITIONAL INSURED, THE CONTRACT MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE CONTRACT, CERTAIN CONTRACTS MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS EVIDENCE DOES NOT CONFER RIGHTS TO THE BELOW HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

PRODUCER
MARSH USA INC.
 ONE TOWNE SQUARE
 SUITE 1100
 SOUTHFIELD, MI 48076

FACILITY AFFORDING COVERAGE	
COMPANY	MI HIGHER EDUCATION GROUP SELF-INS & RISK MGT FACILITY
A	
COMPANY	
COMPANY	
COMPANY	
COMPANY	

INSURED
 GRAND VALLEY STATE UNIVERSITY
 ATTN: HEATHER TAYLOR
 4077 JAMES H. ZUMBERGE HALL
 ALLENDALE, MI 49401

COVERAGES
 THIS IS TO CERTIFY THAT THE CONTRACTS LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE CONTRACT PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE CONTRACTS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH CONTRACTS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY * OCCUR	GL712018	7/1/2018	7/1/2019	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY EACH OCCURRENCE \$ 1,000,000
A	AUTO LIABILITY * ANY AUTO	AL712018	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT
A	OTHER AUTO PHYSICAL DAMAGE OWNED, RENTED & LEASED VEHICLES	MPO712018	7/1/2018	7/1/2019	EACH OCCURRENCE DEDUCTIBLE
A	OTHER ERRORS & OMISSIONS (INCLUDING PROFESSIONAL LIABILITY (CLAIMS MADE))	EO712018	7/1/2018	7/1/2019	EACH CLAIM AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

Evidence of coverage only for a permit to hang GVSU banners on street poles outside of Grand Valley's Detroit Center building.

The City of Detroit is Additional Insured for Commercial General Liability only per written contractual obligation terms and conditions.

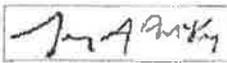
EVIDENCE HOLDER

City of Detroit
 2 Woodward Avenue, Suite 333
 Detroit, MI 48228

banners@detroitmi.gov

CANCELLATION
 NONE OF THE ABOVE DESCRIBED COVERAGE CONTRACTS CAN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF

MARSH USA INC
 BY: JERRY J. MCKAY



This endorsement modifies coverage provided under the following:

M.U.S.I.C. GENERAL LIABILITY COVERAGE CONTRACT

**COVERAGE FOR PERSON, ENTITY OR ORGANIZATION (COVERED PARTY)
UNDER A COVERED CONTRACT**

A. Coverage

SECTION II - WHO IS COVERED is amended to include any person, entity or organization (hereinafter referred to as a **Covered party**) for **Bodily Injury, Personal injury, Advertising injury or Property damage** covered under this General Liability Coverage Contract that occurs during the Coverage Period but only with respect to a **Covered contract** and only where you have agreed in writing to include the **Covered contract** and **Covered party** for such coverage. Coverage by this endorsement to the **Covered party** is limited to:

1. Liability arising out of a covered **Occurrence** that is caused, in whole or in part by you or on your behalf by your agents or subcontractors; and
2. The extent of coverage and Limits of Liability as stipulated in the **Covered contract**. However, such coverage and limits shall not increase our Limits of Liability as stated in Section III – LIMITS OF LIABILITY or alter any of the terms of coverage stated in this General Liability Coverage Contract. Further, our payment obligation shall not exceed the lesser of:
 - a. The Limits of Liability stated in SECTION III – LIMITS OF LIABILITY and as shown in the Declarations; or
 - b. The limits(s) of coverage stipulated in the **Covered contract** applicable to general liability coverage.

The **Covered contract** must be effective and executed prior to a covered **Occurrence**.

B. Exclusions

The following exclusions apply to this endorsement and are in addition to those exclusions stated in the General Liability Coverage Contract or as amended by endorsement:

1. This insurance does not apply to **Bodily Injury, Personal injury, Advertising injury or Property damage** arising out of, resulting from, caused by or contributed to by:
 - a. Sole negligence by the **Covered party** or anyone else acting on the **Covered party's** behalf.
 - b. An **Occurrence** which takes place after the cancellation date of the General Liability Coverage Contract or cancellation date of this endorsement, or by termination or ending by either party of the **Covered contract**, whichever occurs first.

C. Limits of Liability Application

Any payment obligation by us under this endorsement involving a **Covered contract** that is a result of a covered **Occurrence** taking place during the coverage period will be subject initially to the **Annual Aggregate Loss Retentions** shown in the Declarations and also subject to the applicable limits of liability set forth in paragraph **A.2 (Coverage)** of this endorsement. Nothing in this endorsement creates any additional, supplemental or separate limits of liability under this General Liability Coverage Contract.

D. Conditions

The following conditions apply to this endorsement and are in addition to those conditions stated in the General Liability Coverage Contract or as amended by endorsement.

1. If we cancel the General Liability Coverage Contract (including this endorsement) or only cancel this endorsement prior to the General Liability Coverage Contract's expiration date and where specifically stipulated in the approved **Covered contract**, we agree to provide the **Covered party** to the **Covered contract** advance written notice of such cancellation based on the number of days specified therein.
2. The coverage provided by this endorsement is primary to, and on a non-contributory basis with, any other available coverage to the **Covered party**.
3. The **Covered party** must give us prompt written notice of an **Occurrence** involving the **Covered contract** that may result in a claim or **Suit**. Any ensuing claim or **Suit** must include and be brought against both the **Covered party** and us. We will have the right and duty to conduct and control the legal defense for the **Covered party** named in the claim or **Suit**. Our defense of and any payment obligations for a claim or **Suit** will be subject to the terms and conditions set forth in General Liability Coverage Contract or as amended by endorsement.
4. The **Covered party** must cooperate with us during the handling of the potential claim, claim or **Suit** involving a **Covered contract**.
5. You must retain a written copy of the **Covered contract**.

MAINTENANCE & REMOVAL AGREEMENT

It is understood and agreed that during the initial display, and subsequent renewal periods if applicable, the permittee shall be responsible for inspecting banners and poles; replacing and/or removing banners that are torn, defaced or in general disrepair, including rigging. Where any street banner is found to present an immediate threat of harm to the public health, welfare or safety, the City shall summarily cause its removal.

It is also understood and agreed that banners are to be removed within seventy-two (72) hours of the revocation date of the permit. Any street banner not removed within that time period shall be removed by the City without notice to the permittee.

If the City removes banners because they are in disrepair, present a threat of harm, or because the permit has expired, it is understood and agreed that a portion or all of the refundable deposit will be forfeited by the permittee in order to cover the City's expense. If the expense of removal exceeds the amount of deposit, it is understood and agreed that the excess amount shall be collected from the person/entity to which the permit was issued.

It is also understood and agreed that in such cases when the City removes banners there is no guarantee that the banners can be reclaimed by the permittee.

BRYAN BICKFORD

Applicant: Print Name

MICHAEL GILPIN

Commercial Banner Representative: Print Name

i.e., installer/remover



Applicant: Signature



Commercial Banner Representative: Signature

11/5/18

Date

11-2-2018

Date

AGREEMENT OF INDEMNITY

CITY OF DETROIT:

To the extent permitted by law,
For and in consideration of the granting of a permit by the City of Detroit to suspend a Banner or Banners, the undersigned does agree to indemnify and hold harmless the City of Detroit, its officers, agents and employees from any and all claims arising out of the placement of, maintenance of, use of, or removal of banners, including claims involving Banners (or the structure upon which they are hung) falling on people or property.

INDEMNITOR (S):



Signature of Authorized Representative (Organization)

BRYAN BICKFORD

Name

1 CAMPUS DRIVE, 2090 JHZ, Allen Dale, MI 49401

Address, City, State, Zip Code

616-331-8629

Phone Number

11/5/18

Date

FASTSIGNS OF GRAND RAPIDS

Signature of Authorized Representative (Banner Company)

MICHAEL GILPIN

Name

3582 29th ST, GRAND RAPIDS, MI 49512

Address, City, State, Zip Code

(616) 949-7446

Phone Number

11-2-2018

Date

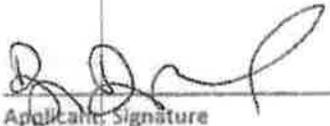
The following items **MUST BE** included in the permit application package in order for it to be considered:

- Completed banner permit application form
- Signed and dated indemnity agreement
- Signed and dated maintenance and removal agreement
- Copy of certificate of insurance
- Sketch, drawing, or actual sample of the banner to be displayed
- Listing and/or map of the specific locations for the Banner(s)
- \$100 non-refundable permit fee
- A refundable deposit to be held in escrow presented to Business License Department prior to the issuance of the Banner Permit

The undersigned applicant(s) agrees to abide by the provisions set by the City of Detroit to suspend a Banner or Banner(s) during the time period requested for this permit.

BRYAN BICKFORD

Applicant: Print Name



Applicant: Signature

11/5/18

Date

MICHAEL GILPIN

Commercial Banner Representative: Print Name

i.e., installer/remover

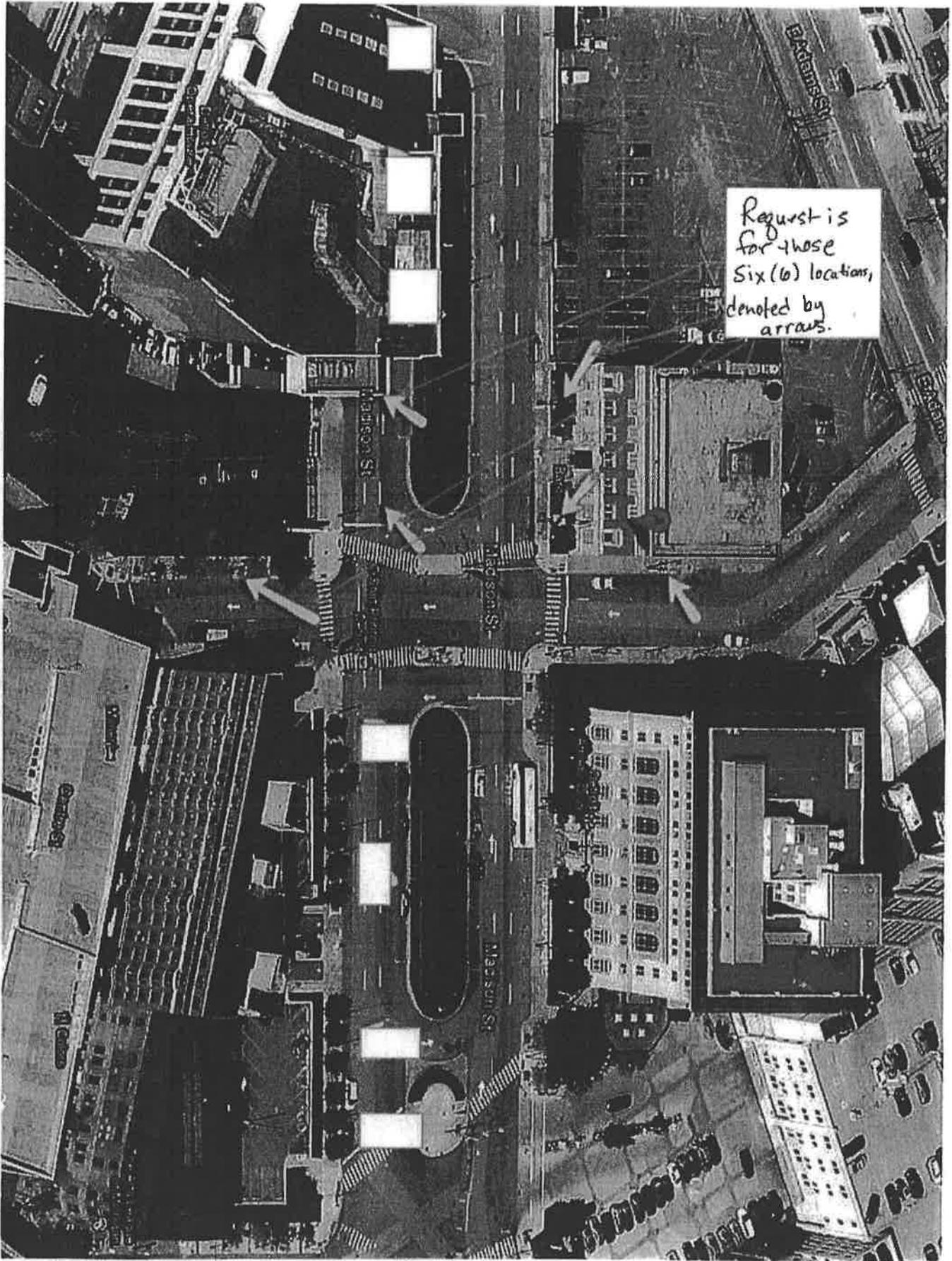


Commercial Banner Representative: Signature

11-2-2018

Date

Request is
for those
Six (6) locations,
denoted by
arrows.



LAKER



BRIAN PARKS
FINANCE, ECONOMICS
MAJORS '08, MBA '14
COST MANAGEMENT
ANALYST
GENERAL MOTORS

EFFECT



GRAND VALLEY
STATE UNIVERSITY

gvsu.edu/Detroit

LAKER



BRITTANY SUGG
EXERCISE SCIENCE
MAJOR
PLYMOUTH

EFFECT



GRAND VALLEY
STATE UNIVERSITY

gvsu.edu/Detroit

LAKER



DOMINIQUE STEVENS
SOCIAL WORK
MAJOR
CHESTERFIELD

EFFECT



GRAND VALLEY
STATE UNIVERSITY

gvsu.edu/Detroit

LAKER



DOUGLAS CHAMBERS
NURSING AND
SPANISH MAJORS
CLINTON TOWNSHIP

EFFECT



GRAND VALLEY
STATE UNIVERSITY

gvsu.edu/Detroit

LAKER



JOSHUA BRYANT
INFORMATION
SYSTEMS MAJOR
DETROIT

EFFECT



GRAND VALLEY
STATE UNIVERSITY

gvsu.edu/Detroit

LAKER



GRANT BORREGARD
MECHANICAL
ENGINEERING MAJOR
FARMINGTON HILLS

EFFECT



GRAND VALLEY
STATE UNIVERSITY

gvsu.edu/Detroit

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Grand Valley State University

2 Business name(s) (regarded entity name, if different from above)
d/b/a: WGVU, VAGTC, The Meadows, MIHLAWRI, GVSU Lakeshore, GVSU Family Health Center, MI-SBDC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Notes: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2):
 Example: payer code (if any) 5
 Example: item FATCA reporting code (if any) E

5 Address (number, street, and apt. or suite no.) See instructions.
2015 James H. Zumbeige Hall, 1 Campus Drive

6 City, state, and ZIP code
Allendale, MI 49401-9403

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
3	8	-	1	0	0	4	2	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ *1-15-18*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



OFFICE OF THE
DETROIT CITY CLERK

2018 NOV -7 A 10: 37

Nov. 5, 2018

Dear Andre,

Contained in this package is the application for installing six street banners along the street near the Grand Valley State University building in the City of Detroit.

Also included in this package are two checks to cover the permit fee and the refundable deposit. Check # A0381917 for \$100 is for the permit fee and check #A0381918 for \$1,000 is for the refundable deposit.

I would be most appreciative if you could confirm receipt of the application.

Please let me know if there is anything else that I need to provide.

Sincerely,

Peg West
Institutional Marketing
Grand Valley State University
(616) 331-7037
ensingm1@gvsu.edu

2015-03-02

579

579 *Petition of Grand Valley State
University, request to hang
approximately six banners along
Madison and John R.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

PLANNING AND DEVELOPMENT DEPARTMENT DPW -
CITY ENGINEERING DIVISION
LEGISLATIVE POLICY DIVISION PUBLIC LIGHTING
DEPARTMENT



MEMORANDUM

TO: Lawrence Garcia, Corporation Counsel

FROM: Scott Benson, City Council District 3

CC: Hon. Janice Winfrey, City Clerk
David Whitaker, Director, LPD
Brad Dick, Director, GSD
Tonja Long, Assistant Corporation Counsel

VIA: Hon. Brenda Jones, City Council President

DATE: 22 January 2019

RE: DETROIT GREENHOUSE GAS ORDINANCE

In response to your letter dtd. 18 Jan 2019, I am once again requesting you review my previous submissions regarding the greenhouse gas ordinance and deliver a draft ordinance that sets goals for the reduction of Detroit's greenhouse gas footprint. Contrary to your response, my office is in no way requesting an ordinance that violates *Section 4-113* of the City Charter. I am, however, requesting an ordinance that complies with *Section 4-114 – Ordinances and Resolutions in General*.

There are countless municipalities around the country that have established ordinances which set greenhouse gas emission goals and energy consumption reduction targets. I am confident the City of Detroit can join these municipalities with the goal to reduce the phenomena of climate change due to human-caused greenhouse gas emissions. Without a significant reduction in greenhouse gas emissions the Midwest will continue to experience a considerable amount of variation in temperature and precipitation, which will negatively impact our local environment, economy, and natural resources, which includes water. The reduction of greenhouse gasses is especially important for Detroit due to our high level of poverty, as the poor experience the most severe impacts of climate change.

My office is suggesting the Law Department review greenhouse gas ordinances from around the country and the Climate Resilience Ordinance, as submitted, to develop Detroit's greenhouse gas ordinance. Please submit an ordinance by 8 February 2019. Do not hesitate to contact my office, at 313-224-1198, with any questions.

SRB



MEMORANDUM

TO: Boysie Jackson, Director, Purchasing
Brad Dick, Director, GSD

FROM: Hon. Scott Benson, City Council District 3

CC: Hon. Janee Ayers, Chair, Budget, Audit & Finance Standing Committee
Hon. Janice Winfrey, City Clerk
David Whitaker, Director, LPD
Marcell Todd, Director, CPC
Gary Brown, Director, DWSD
Angelica Jones, Director, DDOT
Chief James Craig, Chief of Police, DPD
Commissioner Eric Jones, Commissioner, DFD
Stephanie Washington, City Council Liaison

VIA: Hon. Brenda Jones, City Council President

DATE: 22 January 2019

RE: FLEET FUEL EFFICIENCY STANDARDS

As per the proposed 2020-2024 Capital Agenda, the City is suggesting a \$307M refresh of its entire vehicle fleet including busses and emergency vehicles. This is an opportunity for the City to set the standard by making fuel efficiency one of our priorities for the selection of all vehicles. Therefore, I am requesting the Purchasing Department and GSD incorporate the following information into the decision matrix used for the purchase of all vehicles:

1. Does the vehicle come in an all-electric model.
2. Does the vehicle come in a hybrid model.
3. The costs for each version of the vehicle.
4. The expected annual fuel cost for each vehicle.
5. The expected annual maintenance cost for each vehicle.
6. Identify the efficiency standards which will be set by the fleet managers for the purchase specs of the vehicles.
7. Please identify the operating cost savings that will be achieved by purchasing hybrid vs. electric vs. traditional internal combustion vehicles.
8. Explain how the full life cycle cost (including fuel consumption and maintenance costs) will be integrated into the vehicle selection process.
9. Explain the strategy to reduce the overall fuel consumption and associated emissions by the city fleet.

If you have any questions do not hesitate to contact my office at, 313-224-1198

54

RAQUEL CASTAÑEDA-LÓPEZ
COUNCIL MEMBER
DISTRICT 6

MEMORANDUM

TO: Ron Brundidge, Department of Public Works
VIA: Council President Brenda Jones
FROM: Council Member Raquel Castañeda-López
DATE: January 23, 2019
SUBJECT: Sidewalk repair status update

CS

Our office requests a status update on the following sidewalk repair contracts, approved by Council on May 8, 2018:

- Contract No. 6001345
- Contract No. 6001343
- Contract No. 6001346
- Contract No. 6001347

Lastly, please provide answers to the following:

- How many of the above repairs were completed during the 2018 construction season? How many repairs are scheduled for the 2019 construction season? Please provide a list if available.
- How many resident complaints has your department received through the new Sidewalk Repair portal on detroitmi.gov?

If you have any questions, please contact our office at 313-224-2450. Thank you.

CITY CLERK 2019 JAN 23 PM11:19

CC: Honorable City Council
Louise Jones, City Clerk's Office
Stephanie Washington, City Council Legislative Liaison